FROM: CRYSTALMAG-HUMPHREYS, CPA

PHONE NO. : B636196357

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0166
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 of 440.

FOR CHICAGUSE ONLY				
READ THE INSTRUCTIONS CAREFUL NG 22 MIS DO	LY BEFORE PREPARING THIS REPORT.			
1. File Number U - 14086	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name MELCHOR ALMAQUER	Name (ASBESTOS WORKERS LOCAL UNION 67			
	Lebor Organization File Number 099175			
P.O. Box, Bidg Room No., if any	P.O. Box, Building and Room Number, If any			
Street 7930 US Rwy 301 N.	Street 7930 US Hwy 301 N.			
City TAMPA	City TAMPA			
State Florida ZIP Code + 4 33637-6765	State Florida ZIP Code + 4 33637-6765			
5. Position in labor organization. PRESIDENT Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, angaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
6. Name and address of Employer (including trade name, if any).	The state of the s			
Trade Name, If any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State ZIP Code + 4	-			
15. Signature and verification. The undereigned declares, under penalty of	ing documents), has been examined by the signatory and is, to the best of the			
Signed // /	On 8//2/05 813-985-3067			
, , , , , , , , , , , , , , , , , , , ,	Date Telephone Number			

Form LM-30 (2003)

Name of Person Filling MELCHOR ALMAQUER	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (Including trade name, if any).	9. Business deals with:			
Name	garrang.			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street	<u></u>			
City				
State ZIP Code + 4				
10. If 9,b, or 9,c, is checked give trust or employer's name.	11.a. Nature of such dealing.	Miles No		
Name {	يهون - دروا	*		
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any		\$		
Street	A THE STATE AND A SECOND COMMENTS OF THE STATE OF THE STATE OF THE SECOND COMMENTS OF THE STATE OF THE STATE OF THE SECOND COMMENTS OF THE STATE OF THE STATE OF THE SECOND COMMENTS OF THE STATE OF THE			
Seat of the seat o	11.b. Approximate dollar value of such dealing.	The same regards between the course of management was the party bed in the		
City	12.a. Nature of interest neld or income received.			
State (Florida ZIP Cods + 4				
	gapaga ya gaba ya ka a a a a a a a a a a a a a a a a	**		
	12.b. Amount.	The second of th		
C. Received from any employer (other than an employer covered under	(Avode B and B above)			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Natura of payment Reimbursement for out of pocket &	Xpenses incurred		
Name ASBESTOS WORKERS LOCAL UNION 67	while performing administrative activities. Date of payment: 4/28/2004			
Trade Name, if any:		1		
P.O. Box, Bklg., Room No., if any		a a successive		
Street 7930 US Hwy 301 N.		e e may - spec		
City TAMPA		1		
State Florida ZIP Code + 4		į		
13.b. is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$475		
Water and Arrest	Į	2 m. c. 2 d		

PHONE NO. : 8636196357

Name of Person Filing MELCHOR ALMAQUER	File	Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
B. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name {	geron			
Trade Name, if any:	a, Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street		J		
City				
State ZIP Code + 4				
10. If 9,b, or 9,c, is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of	such dealing.		
City	12.a. Nature of interest held or			
State [Florida ZIP Code + 4]				
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	gram of the Paper space can as and the State as a paper behalf about the as described with	TO 11 C AND THE TOTAL PROPERTY OF THE PARTY		
	12.b. Amount.	Accompanies to red period of the description of the second		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a, Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).	Reimbursement for out of pocket expenses incurred while performing administrative activities.			
Name (ASBESTOS WORKERS LOCAL UNION 67	Date of payment: 6	1/16/2004		
Trade Name, if any: }				
P.O. Box, Bldg., Room No., if any				
Street 7930 US Hwy 301 N.				
City TAMPA		ļ		
State Florida ZIP Code + 4				
13.b. Is the Business an Employer X or Consultant 7	14.b. Amount of payment.	\$393 Let 1 to 1		